

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



October 27, 1995

ALL COUNTY INFORMATION NOTICE I-50-95

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- | | |
|-------------------------------------|----------------------------|
| <input type="checkbox"/> | State Law Change |
| <input type="checkbox"/> | Federal Law or Regulation |
| <input type="checkbox"/> | Change |
| <input type="checkbox"/> | Court Order or Settlement |
| <input type="checkbox"/> | Agreement |
| <input type="checkbox"/> | Clarification Requested by |
| <input type="checkbox"/> | One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by CDSS |

SUBJECT: REVISION OF THE DE 8720 AND STANDARDIZATION
OF THE ABSTRACT REQUEST FORMAT

The DE 8720 form is used to obtain information from the Employment Development Department (EDD) on wages or unemployment and disability benefits payment history. This process is primarily used in the Aid to Families with Dependent Children and Food Stamp Programs to verify applicant and recipient information that is not currently available through the Income Eligibility Verification System. The purpose of this letter is to notify you of a change in this process.

Beginning October 1, 1995, the EDD implemented its redesigned abstract system. Any request via the old format on or after October 1, 1995, will not be processed. An additional form, the DE 8720A, has been added for requesting wage specific quarter information only. Advanced copies of these forms and instructions were sent to county IEVS coordinators in September 1995. Please note that the Customer Code, Item 4a., on both the DE 8720 and DE 8720A, will always be E00055 for all counties. The Preparer Code, Item 4b., on both the DE 8720 and DE 8720A, will be your county number in the first two boxes. It is very important that all staff using these forms are aware of the special county code requirement since it is not stated on the reverse side of the form as part of the instruction for Item 4b. The last two boxes of Item 4b. may contain any combination of numeric and/or alphabetic characters to assist in distributing products throughout your organization. We are including examples, Attachments 1 and 2, for your reference. An initial supply of forms is included with this mailing. You may also make photocopies if your supply runs low. Additional supplies can be ordered from the CDSS Warehouse. Their address is:


California Department of Social Services
Warehouse
P. O. Box 22429
Sacramento, CA 95822-3799

Users requesting abstract products via 9-track tape, disk and/or tape cartridges, will be using the reformatted and standardized request transaction. User Computer/System/Programmer Analyst should contact Robert Mortensen at EDD (916) 654-7979 for further instructions.

EDD has also analyzed the costs of providing this information to customers and as a result developed a new rate structure. Counties will continue to be billed, as previously, by the CDSS but based on the new rates.

Please ensure that all persons within your agency that request information through this process are notified of these changes.

If you have any questions, please call Ms. Maureen Paizs of the Fraud Bureau at (916) 445-0031.


BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

Alameda Co.
Example



REQUEST FOR WAGE, CLAIM AND ADDRESS INFORMATION

1. SEND REQUEST TO: STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001 ATTN: INVENTORY CONTROL UNIT II, MIC 23-A	2. NAME & ADDRESS OF REQUESTING ORGANIZATION:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

3a. PREPARED BY: 	3b. PREPARER'S TELEPHONE NUMBER: () - -	3c. DATE: / /
---------------------------------	----------------------------------------------------------------	-----------------------------

4a. CUSTOMER CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">E00055</div> For all countries	4b. PREPARER CODE <div style="display: inline-block; vertical-align: middle;"> <i>Co. No.</i> <div style="border: 1px solid black; display: inline-block; padding: 2px;">01</div> </div>
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. REQUESTED PRODUCTS (See instructions on back)	<table style="width:100%"> <tr> <th style="width:33%;">6. S S A N U M B E R S</th> <th style="width:33%; text-align: center;"><i>Co. Use</i></th> <th style="width:33%;">S S A N U M B E R S (Cont.)</th> </tr> <tr> <td> <div style="display: flex; justify-content: space-between;"> <div style="width:33%"> 5a. <input type="checkbox"/> WAGE & CLAIM INFO (DE 507) </div> <div style="width:33%"> 5b. <input type="checkbox"/> EMPLOYER ADDRESS (DE 4989) </div> <div style="width:33%"> 5c. <input type="checkbox"/> CLIENT ADDRESS </div> </div> </td> <td> 5d. <input type="checkbox"/> DI CLAIM HISTORY (Up to 2 years old) </td> <td> 5e. <input type="checkbox"/> DI CLAIM HISTORY (2 to 4 years old) </td> </tr> <tr> <td> 5f. <input type="checkbox"/> DI CLAIM HISTORY (Over 4 years old) </td> <td> 5g. <input type="checkbox"/> UI CLAIM HISTORY (Up to 2 years old) </td> <td> 5h. <input type="checkbox"/> UI CLAIM HISTORY (2 to 4 years old) </td> </tr> <tr> <td> 5i. <input type="checkbox"/> UI CLAIM HISTORY (Over 4 years old) </td> <td></td> <td></td> </tr> </table>	6. S S A N U M B E R S	<i>Co. Use</i>	S S A N U M B E R S (Cont.)	<div style="display: flex; justify-content: space-between;"> <div style="width:33%"> 5a. <input type="checkbox"/> WAGE & CLAIM INFO (DE 507) </div> <div style="width:33%"> 5b. <input type="checkbox"/> EMPLOYER ADDRESS (DE 4989) </div> <div style="width:33%"> 5c. <input type="checkbox"/> CLIENT ADDRESS </div> </div>	5d. <input type="checkbox"/> DI CLAIM HISTORY (Up to 2 years old)	5e. <input type="checkbox"/> DI CLAIM HISTORY (2 to 4 years old)	5f. <input type="checkbox"/> DI CLAIM HISTORY (Over 4 years old)	5g. <input type="checkbox"/> UI CLAIM HISTORY (Up to 2 years old)	5h. <input type="checkbox"/> UI CLAIM HISTORY (2 to 4 years old)	5i. <input type="checkbox"/> UI CLAIM HISTORY (Over 4 years old)		
6. S S A N U M B E R S	<i>Co. Use</i>	S S A N U M B E R S (Cont.)											
<div style="display: flex; justify-content: space-between;"> <div style="width:33%"> 5a. <input type="checkbox"/> WAGE & CLAIM INFO (DE 507) </div> <div style="width:33%"> 5b. <input type="checkbox"/> EMPLOYER ADDRESS (DE 4989) </div> <div style="width:33%"> 5c. <input type="checkbox"/> CLIENT ADDRESS </div> </div>	5d. <input type="checkbox"/> DI CLAIM HISTORY (Up to 2 years old)	5e. <input type="checkbox"/> DI CLAIM HISTORY (2 to 4 years old)											
5f. <input type="checkbox"/> DI CLAIM HISTORY (Over 4 years old)	5g. <input type="checkbox"/> UI CLAIM HISTORY (Up to 2 years old)	5h. <input type="checkbox"/> UI CLAIM HISTORY (2 to 4 years old)											
5i. <input type="checkbox"/> UI CLAIM HISTORY (Over 4 years old)													



Employment Development Department

Alameda Co.
Example



REQUEST FOR WAGE INFORMATION

1. SEND REQUEST TO: STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001 ATTN: INVENTORY CONTROL UNIT II, MIC 23-A	2. NAME & ADDRESS OF REQUESTING ORGANIZATION:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

1a. PREPARED BY: 	3b. PREPARER'S TELEPHONE NUMBER: () -	3c. DATE: / /
-----------------------------	--------------------------------------------------------	----------------------------

1a.

E	0	0	0	5	5
---	---	---	---	---	---

 CUSTOMER CODE
For all counties

4b.

0	1		
---	---	--	--

 PREPARER CODE
Co. use

<p>5. WAGE QUARTER REQUESTS</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">FROM</td> <td style="text-align: center; width: 50%;">TO</td> </tr> <tr> <td style="text-align: center;">C C Y Y Q</td> <td style="text-align: center;">C C Y Y Q</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 50%;"></td> <td style="border: 1px solid black; height: 20px; width: 50%;"></td> </tr> </table>	FROM	TO	C C Y Y Q	C C Y Y Q			<p>6. WAGE QUARTER REQUESTS</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">FROM</td> <td style="text-align: center; width: 50%;">TO</td> </tr> <tr> <td style="text-align: center;">C C Y Y Q</td> <td style="text-align: center;">C C Y Y Q</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 50%;"></td> <td style="border: 1px solid black; height: 20px; width: 50%;"></td> </tr> </table>	FROM	TO	C C Y Y Q	C C Y Y Q			<p>7. WAGE QUARTER REQUESTS</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">FROM</td> <td style="text-align: center; width: 50%;">TO</td> </tr> <tr> <td style="text-align: center;">C C Y Y Q</td> <td style="text-align: center;">C C Y Y Q</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 50%;"></td> <td style="border: 1px solid black; height: 20px; width: 50%;"></td> </tr> </table>	FROM	TO	C C Y Y Q	C C Y Y Q		
FROM	TO																			
C C Y Y Q	C C Y Y Q																			
FROM	TO																			
C C Y Y Q	C C Y Y Q																			
FROM	TO																			
C C Y Y Q	C C Y Y Q																			

[illegible]

(COMPLETION INSTRUCTIONS ON BACK)